The MEDICAL MISSIONARY

Treasured Old Statue of Our Lady of Light at the Medical Mission House

Vol. VII MAY, 1934 No. 8

The MEDICAL MISSIONARY

Published with ecclesiastical approbation ten times a year by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Subscription, $1 per year.
Editor: Sr. M. Elizabeth. Telephone: Decatur 2687

"Entered as second-class matter September 11, 1928, at the post office at Washington, D. C., under the Act of March 3, 1879."

SIGNS OF A VOCATION

By Rev. Michael A. Mathis, C.S.C.

THE Buddhists follow a unique method to discover vocations to their yellow-robed monastic fraternity. Each Buddhist boy is obliged to pass one day and one night in a monastery and live the life of a monk for at least that period of time. Perhaps this is the reason there are so many Buddhist monks and that apparently so few vocations are neglected or lost among them. The practice emphasizes an important point of Buddhist doctrine, namely, the monastic ideal must be presented to every Buddhist.

In Christianity the priestly and religious vocation is also placed before Catholics in many ways, but with a finer discernment of the functions of both God and man in such a choice of state. Our Lord presents the Christian ideal in these words: "All men take not this word (counsel of perpetual chastity and dedication to God's service), but they to whom it is given . . . he that can take, let him take it."

St. Paul states the Catholic position in this way:

"He (Father) that giveth his virgin (daughter) in marriage doth well; and he that giveth her not doth better." In those days of the Greco-Roman world parents arranged the marriage of their children in much the same way as is done in India today. Not to give a child in marriage was synonymous with consecrating its chastity to God because marriage was so universal a practice at the time that practically all men embraced it excepting those who dedicated their lives wholly to God's service.

Then follows in St. Paul's doctrine the reason for this counsel of perfection, namely, the practical freedom which this state offers men and women to give themselves entirely to God's service: "He that is with a wife is solicitous for the things of the world, how he may please his wife; and he is divided (in his interests between those of God and those legitimate cares of the world) . . . and she that is married thinketh on the things of the world, how she may please her husband . . . he that is without a wife is solicitous for the things that belong to the Lord, how he may please God . . . and the unmarried woman and the virgin thinketh on the things of the Lord that she may be holy both in body and in spirit."

From the teaching of Our Lord and St. Paul it is quite clear that a vocation has two elements, a divine and a human, God's part and man's. God's part embraces all the manifold and unique gifts of grace and nature with which the one called to devote his life wholly to divine service is endowed. Man's part is to cooperate with these gifts by developing them and by resolving to dedicate his life entirely to God's service. Ordinarily, this resolution is the result of deliberation made in the light both of reason and of faith, assisted by divine grace and by the prudent advice of those who are responsible, especially the confessor and parents. Only in extraordinary cases, for example, the conversion of St. Paul on the road to Damascus and his call to apostleship by direct revelation, is the divine influence so great as to dispense with deliberation.

THE WAYS

To every man there openeth
A Way, and Ways, and a Way.
And the High Soul climbs the
High Way,
And the Low Soul gropes the
Low,
And in between, on the misty
flats,
The rest drift to and fro.
But to every man there openeth
A High Way, and a Low.
And every man decideth
The Way his soul shall go.
—Selected.

Through this deliberation two principal questions must be solved: Has one the qualifications required by the vocation and does one seek it with an honest intention, that is, to save one's own soul and to help save the souls of others? If these questions are answered affirmatively and one remains steadfast in his resolution to forego the natural privilege of marriage, for the purpose of dedicating his life wholly to God's service, he can be said to have a vocation.

This resolution, thus arrived at, suffices for the practice of the evangelical counsels by any one who remains in the world, without becoming a priest or a member of a canonically established religious community. Priesthood and religious life in a community require, beyond the resolution noted above, the consent of the ecclesiastical superior, of the bishop, in the case of priests; and of the superior, in the case of religious. This additional consent is required because both priesthood and religious life in a community effect public worship

for which the Church demands special qualifications. Priests participate in public worship as an essential function of their office. Religious live according to the evangelical counsels not only for themselves but also to represent in society the rules of religious perfection and, through the practice of their vows, to offer to God an act of public worship. Hence, the refusal of a bishop or of a religious superior to accept a candidate is a sign that the person has no vocation for the diocese or the community in question.

During certain periods of by-gone days there were abuses in the matter of determining vocations. Perhaps the worst was the custom of certain parents and families, especially nobles, of placing their children in seminaries and novitiates, often from purely human considerations, without giving their offspring a chance to decide for themselves as to whether they wished to embrace such a life. In other words these abuses prevented the deliberation, described above, on the part of the young men and young women, and thus hindered free choice.

Too radical reactions to this abuse in some countries in turn exaggerated the part God plays in vocation by insisting that no one ought to enter a seminary or novitiate until he or she has received a divine message to enter such a state of life. This was a phase of the heresy called Jansenism. Then also, under the influence of another heresy called Quietism, some confessors began to demand a sensible attraction for the priesthood or religious life as an essential element of vocation and, furthermore, that this attraction or sensible invitation had to be obeyed under pain of sin. These false doctrines exaggerated God's part in vocation and also hindered the free choice of this state by the individual through moral compulsion.

What then is the obligation to follow a vocation? On this delicate subject I prefer to quote an eminent theologian of our own day, Vermersch, who answers this question in the following words: "States of life are freely chosen and at the same time providentially given by God. The higher the state of life, the more clearly do we find the positive action of Providence in the choice. The path of the evangelical counsels is, in itself, open to all and preferable for all, but without being directly or indirectly obligatory. In exceptional cases the obligation may exist as the consequence of a vow or of a divine order or of the improbability (which is very rare) of otherwise finding salvation. More frequently reasons of prudence, arising from the character and habits of the person concerned, make it unadvisable that he should choose what is in itself the best part, or duties of filial piety or justice may make it impossible."

From all this, two things are clear. God's part in vocation is to supply the gifts of nature and grace required for this life of complete dedication to His service. Man's part is to cooperate with these gifts by developing them through work and by resolving to embrace this state of life if he is reasonably sure that he has the qualifications and by his own free choice decides to accept it.

The qualifications for the Society of Catholic Medical Missionaries have been outlined in detail in previous articles of this review. Anyone who is interested may have these articles upon application. The first week of August and of February is the regular period for receiving new candidates into the Society. Yet for those who are personally interested, it is well to say that the consent of the superior here is necessary and that it in turn is dependent upon a knowledge of the applicant and certain testimonial letters from the parish priest. Naturally it requires time to settle these questions.

ACKNOWLEDGMENTS

The Capuchin College at the Catholic University of America is located on Harewood Road, Brookland, D. C. As the crow flies, the college is about a mile from the Catholic Medical Mission House. During the past year our Society has had abundant reasons to be grateful to the Capuchin Superior, Father Norbert, and his priests, who have said Mass for us many a week-end when Father Mathis sallied forth to replenish the community larder. We take this occasion to thank the Capuchins for this gracious and highly prized service.

With the last issue of THE MEDICAL MISSIONARY for this scholastic year, we also want to express to Father Marr, Superior of the Foreign Mission Seminary of Holy Cross, our deep gratitude for the privilege of attending the inspiring services, every Sunday and Feast Day, at what is popularly known as "The Bengalese." The devotional chapel, the perfect rubrics, and the prayerful plain chant, leave an impression of cathedral proportions, whilst the foreign mission spirit and the helpful instructions to future apostles have encouraged us in our own apostolate.

We are happy to make grateful acknowledgment for all the encouragement and financial help which His Eminence, Cardinal Dougherty, of Philadelphia, with his devoted priests, sisters and people has given to us during the past year. Notwithstanding this terrible depression and pressing local needs, Father Mathis was greeted everywhere with an understanding of, and interest in, our apostolate that has not only heartened us all, but has gone a long way as well toward maintaining us during the past difficult year. This help will be especially treasured in our hearts and prayers, always.

Promote Medical Missions by subscribing to "The Medical Missionary." Subscription, $1 a year. Address, "The Medical Missionary," Brookland, Washington, D. C.

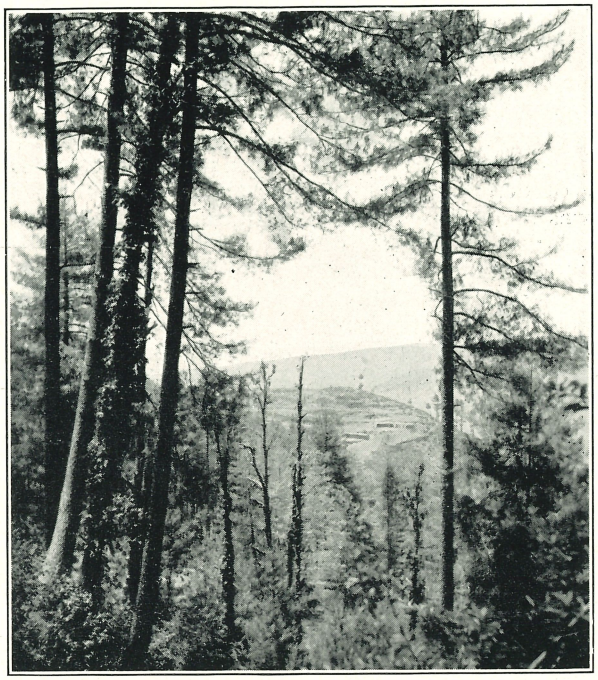
European Subscription: 5/ a year. English Address: Mater Christi House, Thornbury Road, Osterley, Middlesex, England.

MEANDERINGS OF A MISSIONARY

A MOUNTAIN EXPEDITION

Dr. Anna Dengel

PICTURE a tiny red-roofed cottage enveloped by pines on a mountain slope 7,000 feet high. It stands alone—as if deserted — but on closer approach a few irises in bloom, a little lawn as green as the fields of Erin, and a red flicker of light from a window prove at once that it is inhabited. It is the haven of rest of the Medical Missionaries in Murree—which is only two hours distance by car from Rawalpindi. It was graciously put at our disposal by the Prefect Apostolic and made habitable by the generosity of a friend.



"IN THE WOODS CLOSE BY ONE GETS BEAUTIFUL VISTAS OF VERITABLE MOUNTAIN GIANTS."

Roaming around in the woods close by, one gets beautiful vistas of veritable mountain giants, especially magnificent when draped in white. On the lower slopes, that is from 7,000 feet down, are clusters of flat-roofed stone and mud dwellings, mostly grouped in villages, some all by themselves.

What is more natural for a medical person than to ask the question, how do these isolated mountain people fare as regards health and what happens in the advent of illness. The first person I questioned on the subject was our chaukidar (watchman) who was a villager himself. "Oh," he said, "Allah looks afer us and sometimes the men buy medicine in Murree or elsewhere." He told me that his sister was sick, also his little baby. I offered to go to his village to see them, but he said it was impossible for a *memsahib* to go. I protested, but he insisted that the road was too bad. However, another opportunity to carry out my plan to see life in these villages soon offered itself. We went on a picnic one day in the direction of Kashmir. We no sooner decided on a resting place, when we were surrounded by shepherds and shepherdesses of varying ages and holy garments. Knowing from experience of what intense interest every move of white people is to them, the only thing to do was to forego our privacy and just make the best of the situation. After a nice lunch of potato salad and famous Murree sausages, etc., I asked one of the bearded elders what happens in case of disease. "Oh, by the grace of Allah we keep very well, but if any one gets sick, that is fate. Besides we have a hospital in the neighborhood." He pointed to the top of a hill—it just looked like a nice walk. We all set energetically to visit this hospital. We climbed and climbed and climbed and every time we asked how much further it was, we were told to go higher. Several times we stopped on the way to rest and to chat with the women; in a poor house they offered us gur (molasses), and in a beautiful large house owned apparently by a rich landlord we were conducted to a spacious verandah from where we had a magnificent view into the Kashmir Valley and Poonch. The hostess, a refined, but sickly looking lady, offered us beds to rest on, refreshing drinks and fruit and was even ready to prepare a meal for us with true Mohammedan hospitality. She told us that she and all the women of the household were strictly *purdah;* that she suffered from indigestion and some other troubles. One of her little sons was despatched as our guide. We had already picked up a cortege on the way—the procession grew larger—and larger as we moved on. At last after another long climb, we reached a compact little building—with a sign: "Rural dispensary." We met the doctor, a very pleasant and professionally keen Sikh man, still young, who at a salary of Rs 80 a month (plus a house), was the father and mother (as Orientals call their benefactors) of a population of 40,000 and more. He looked very healthy and was a splendid advertisement for the air and water of the place. The latter the inhabitants praised particularly and made us drink of it.

The doctor told me that he was very puzzled about a woman patient of his who had high fever. She had a child six days old and he did not know whether she was suffering from septicaemia or pneumonia, as he could not examine her—being a man. "If she were not so far away," he said, I would ask you to see her." "How far is she?"

I asked. "About an hour's walk," was the reply. That did not seem beyond our capacity, so the doctor, Sr. M. Christine and I set out. On the way, the doctor was held up several times; everybody seemed friendly to him. Arrived at the patient's house, we were first given tea in the open and then I was introduced to the patient—a timid young woman of about 18 or so. Examination proved that she suffered from pneumonia—the baby, a little girl, was very shriveled, and only cried faintly. I could see clearly that it was ready for a passport to Heaven. After many protestations of thanks, we left. The brother-in-law of the patient, an educated man, accompanied us back to the doctor's village. He told me of the terrible plight the people are in without medical aid. In this large Hazara district of widely scattered villages, with a population of about 40,000 people, there was this one rural dispensary.

The men could go there for consultation and medicine, either for themselves or members of the family, but except for those in close proximity, naturally, it could only be on rare occasions. For trivial complaints such as sore eyes, slight injuries, coughs and colds, pains here and there, it was not worth going and in serious illness they could not go anyway except by being carried. Women on the whole did not want to go to the rural dispensary, partly because they did not feel able to walk up and down hills for a long distance when weak and ill. The doctor necessarily had to spend most of his time at the dispensary. Only well-to-do people could afford to call him to come considerable distances. It meant providing a horse, etc.

Listening to all this, it struck me that this village would offer a good field really to help the people and at the same time make an experiment of work of this kind. I said to our guide: "Suppose we should come for a few weeks to your village, would it be possible to find food and lodging and a place to do our work?" He jumped at the idea and said that he would make himself personally responsible for all that. I told him that I would let him know in a few days, whether we would come. The decision was soon made. We made preparations which consisted in getting together a supply of instruments, of medicines and dressings that would be useful. For everything else we depended on our village host.

One fine June day we arrived at the rural dispensary. The good doctor who was enthusiastic about our enterprise conducted us to the village school, where the masters arranged for a little army of schoolboys to carry our medical supplies and few personal effects. In a body we marched off gaily to Osia, our village. In an hour we arrived in front of a little two-room building which we assumed was our destination. We guessed right, for there was a room all fixed up with two beds and two chairs and a table. Sister Helen began without delay to fix up our dispensary, while I talked to the people who came to greet us and tell us of their complaints. The congestion was awful, but encouraging. Finally at dusk, the womenfolk went home and our supper appeared on the scene, well cooked and well served by a very fine man—an erstwhile butler no doubt to some big *sahib*. After the walk and talk of the day, we decided to go to bed early looking forward to a good sleep. That was not to be. Our disturbers were not leopards, or thieves, or even howling jackals, but bugs by the legion. When in the morning polite enquiries were made as to how we slept, we could not refrain from telling the truth that we were plentifully visited by "little animals." After breakfast, we were told that a better house had been found for us. The fact was that our first shelter, formerly the stable of the guest house, served as a schoolhouse for little boys and it would have been too good to be true to give them holidays just on account of us.

We cheerfully moved from this El Dorado of insects to a house on the hill, the guest quarters of a Mohammedan gentleman who was a fine patriachal type. One room was ours to sleep in, the other was the dispensary. The verandah served as waiting room for the patients, parlor, dining room and oratory. Before we were even installed, a poor potter brought his little eight-year-old girl who was seriously ill with pleurisy. He tried to impress us by telling us that he served in the great war. His wife, a stunted, good-natured, but none too intelligent looking soul, seemed helpless and hopeless. He was followed by many other patients. It was surprising how quickly news spread without telephones and telegraph. How? One

A LITTLE ARMY OF SCHOOL BOYS CARRIED OUR MEDICAL SUPPLIES

way, no doubt, was the general way news is disseminated in India, in the bazaars. There, all the latest is discussed and delivered with comments to customers and travellers. The latter like to linger. Reclining on a string bed they refresh themselves with a few puffs from the hookah which is hospitably passed around from mouth to mouth.

We received even better publicity than that the very first day after our arrival. About noon a letter from the Headmaster was presented to us, asking the two "doctoresses" to visit the school. We gladly accepted. What was our surprise when we approached to see boy scouts lined up in two rows, if you please, saluting us and reciting a poem. Then the Headmaster, a refined and well-educated gentleman took us from class-room to class-room. After being introduced to every teacher and duly admiring a local map drawn up by the Headmaster, we were asked to be seated and told that a programme was prepared for us. It was partly in Urdu and partly in English. The latter consisted, more or less, in nursery rhymes, some of them recited in sing-song fashion by big lads, thus giving a very humorous touch to it. A poem advocating vaccination was distinctly for our benefit. This programme apparently is ready for any visitor and certainly gives a good impression of a village school in the back of the beyond, where there is not even a proper road.

"ONE ROOM WAS OURS TO SLEEP IN, THE OTHER WAS THE DISPENSARY"

The Headmaster explained the purpose of our coming and told the boys to spread the good tidings of two doctor *memsahibs* coming to treat the women and children. This had a splendid effect, for the next morning at six, a procession wound up our hill and people kept on coming from far and near; from the valleys, hills and even from the mountain tops. For the six weeks of our stay, from 100 to 140 was the average daily attendance. Yakub, an intelligent man, constituted himself policeman and interpreter. He did his job splendidly. Without him we would have had bedlam, for ignorant people are like children, they want everything at once. A towel rack was the barrier which he opened and closed. One would think that the people in a mountain village would be healthy and strong. The men we met gave us that impression on the whole, but from what we saw of the women convinced us that there was a great deal of disease and suffering. The majority were thin and showed wrinkles even when still in the twenties. When asked what the trouble was, they would assume an expression of pain and point to behind the shoulders and one joint of the body after another. Quite frequently they demonstrated the seat of pain on me, squeezing my elbow joint or giving me a punch in the back, etc. When asked to show the tongue, it was usually found heavily coated and a set or half set or less of awful teeth were displayed. The severe pyorrhea almost universally present easily accounts for the all too prevalent joint aches and gastric complaints. Sheer neglect of the teeth from ignorance, and the custom of rubbing the gums with tobacco snuff explain the situation. Practically every woman carries with her a little tin box filled with snuff. They do not chew betel nut in these regions; the application of snuff to the gums is a substitute. No matter where one goes in the world one finds that people use a stimulant of some kind or other.

During the few weeks, we saw most of the common and a good many of the rare diseases. The striking fact was that in this region, for 90 percent of the people there is no medical aid available. These included a case of cancer of the throat, one gastric ulcer, several abdominal tumors, varicose veins of the legs and the tongue (the latter is a rare condition) several abscesses, anaemias to the point of complete blanching, vesical calculus, a gangrenous toe, severe injury to the finger, several burns, perforation of the palate, pulmonary and abdominal tuberculosis, a tubercular knee and enlarged glands, an unhealed sinus from empyema, several fistulas, gumboil, one case of epilepsy, pelvic and skin diseases, and a variety of fevers, malaria most common of all, of course. Worms were often mentioned and goitre almost universal. Children of all sizes and ages were brought either as patients or visitors. Some were regular little lambs, taking castor oil and similar delicacies without much ado; while others displayed a great deal of muscular strength at such a simple procedure as having drops put into their eyes. The most common infantile complaint during our stay was diarrhoea. Those affected get miserably pale and flabby from it and not a few depart for a better world.

When the diet question comes up, the answer is not very satisfactory; from two years up and sometimes even before, the child gets more or less

(*Continued on page* 11)

APRIL 9th marked the ninth anniversary of the Society's celebration of the Feast of the Annunciation of Our Lady. This year it was notable for the ceremony of the taking of the veil, which was conducted by the Rev. Michael A. Mathis, C.S.C.

Father Mathis preached a short sermon on the origin of the religious veil, after which he blessed the veils and the members received blue ones and the novices white ones.

Father Mathis said in part:

"Today marks an important historic event in the personal life of each one of you and through you, in the life of the Society. It is an important event because today a more religious garb is given to you in order that you, personally, may be more conscious and the world, generally, may better understand the true religious character of membership in our Society.

"The veil had its orgin in an old Roman marriage custom. The newly wed bride was given a red veil which distinguished her from unmarried women who did not wear veils. From the days of St. Paul, the christian virgin also took a veil to symbolize her mystical marriage to Jesus the son of God. . . . Hence the veil of the christian virgin originally symbolized not so much purity as the inviolable fidelity to Christ which was to be reverenced in her by all.

"The veil in ancient pagan Rome and the Orient, even up to the present day, symbolizes the subjection of a woman to a man in legitimate marriage. . . . This virgin's veil is also one of subjection—of subjection to the King of Kings. This subjection to God alone, however, immediately freed woman from subjection to man and this gave her a practical opportunity of living her own life and of developing her personality.

"May the blue color of the veil remind you and the world of your special consecration to Our Lady as the Cause of our Joy—the supreme type and inspiring ideal of emancipated woman in christian civilization. Our Lady is the supreme type because the victory of christianity rests above all on the respect which Christ and the natural law demand from all men to woman as wife, virgin and mother. By a singular privilege, by heavenly cooperation, the Blessed Virgin has been a wife, a mother, and still a virgin. She is thus the supreme example for all women in the various stages and conditions of life."

SR. M. ELIZABETH and SR. M. MONICA
Who will sail shortly for England to the Mater Christi Medical Mission House at Osterley

---

On Sunday, April 8th, the spring meeting of the Washington Auxiliary was held at the Medical Mission House. The attendance was large and enthusiastic. It was a beautiful afternoon, so tea was served on the lawn.

Mrs. E. Reinohl, the President of the Auxiliary, and Dr. Dengel, spoke a few words. The Rev. Michael A. Mathis, C.S.C., gave Benediction of the Most Blessed Sacrament, thus closing the meeting.

We wish to acknowledge with gratitude the very generous gifts brought by the members, and we wish to thank all who showed their interest in the work of the Society by attending the meeting.

THE CATHOLIC ANTHROPOLOGICAL CONFERENCE

The Very Rev. Dr. James B. Tennelly, S.S., of the Supician Seminary, was re-elected President of the Catholic Anthropological Conference at the annual convention held at the Catholic University of America on April 12th.

At the closing session, Dr. Thomas Tseng-Mien presented a most interesting paper on "The Concept of Peace and War in Chinese Culture." This was followed by a very brilliant paper on "The Concept of Peace and War in Hindu Culture," by Dr. Biren Bonnerjea.

Dr. Tseng-Mien showed how for centuries the Chinese were as a whole a peace-loving people; whereas Dr. Bonnerjea demonstrated the great contrast of thought in their neighbors, the Hindus, by saying that from the earliest times war has been glorified and peace advocated only as a substitute. He afterwards qualified this statement by saying that with the introducion of Buddhism

(*Continued on page* 10)

DACCA'S 1934 HEALTH WEEK

By A MEDICAL MISSIONARY

SR. M. THERESE AND A PRIZE BABY

THIS year our Health Week was a great success. To begin with, the babies were judged in the different wards. That proved to be a very good plan. The first day, the doctor gave a lecture to the mothers on child welfare. The Mahommedan mothers as well as the Hindus attended it. Then all of the babies were examined by the doctors and we assisted. That relieved us of a great deal of responsibility. Many babies were suffering from various ailments and one or two were really ill, their mothers being unaware that anything was wrong. When it was necessary, the doctors advised treatment, and the mothers had the advantage of their babies having a free medical examination. As a great many of them suffered from rickets, enlargement of the liver and skin diseases, the really healthy babies were few and far between. A mother living among the poor of Dacca and possessing a well-cared for and healthy baby, surely deserves a medal. Unfortunately, the poor have not much of a chance and most of the medals go to the babies who are brought up under better conditions.

We had six different centres for examining the little ones. At the second one there were mostly shoemakers' babies. The families were not very poor but belonged to a very low caste. Therefore they had had no social contact with the better caste Hindus, nor had they had any education, and in consequence, had become very "jungly." They were not anxious to bring their babies for they knew too well how they would be treated by the better caste Hindus. They were shoved aside and made to wait until the other babies were all taken care of. One of them, however, won a prize and another was a very nice baby. I hoped she, too, would win a prize so when I called on the mother to ask her to bring her baby, I told her to give it a bath and put a clean dress on her. In answer to my suggestion, the mother said: "Now look here, *MemSahib,* she has already had a bath today. If I gave her 10 baths do you think she would be your color?" Now a bath consists in holding the poor baby under the water tap on the street for a few minutes—no soap and no warm water—and then the baby dries in the sun. Of course, the ears, scalp, etc., have a good accumulation. So little Rani came, none too clean and didn't win a prize. We had 16 silver medals for the prize babies. Silver is very cheap, so we could get quite a number.

The Health Exhibit was held in the *Nawab's* garden. It had a high wall all around it and was strictly *purdah.* On the morning of the exhibition the rain came down in torrents. By noon it had dried off sufficiently and the day was cool and delightful. Other years it has been uncomfortably hot. There was a large attendance and everyone seemed very much interested in the lectures. Lectures were given on tuberculosis, malaria and leprosy—all three diseases being prevalent here. Then we gave demonstrations of the care and feeding of the baby, the sanitary and the insanitary delivery room, anti-natal care, etc. I really believe that many of them learn something, and it is the only opportunity which the majority of the mothers have to learn anything of the kind.

After the various demonstrations, the medals were given out. This was followed by a very pretty Indian play put on by the high school girls. It was nearly six o'clock when the play was over. Then came the out-door movie. It was an old film, a health picture, but new to most of them and almost all of the women stayed for it. No men being permitted in the garden, they had put the machine on the wall and the operators sat on a platform behind the wall. They had drenched the screen with water and the picture showed through beautifully on the other side. In this way the screen also served as a shield for the *purdah* fanatics.

At about seven-thirty the moon rose, and

(*Continued on page* 11)

SLEEPING SICKNESS

Collaboration of the Missionaries in Their Fight Against Sleeping Sickness in the Kwango Mission

HUMAN trypanosomiasis had for 50 years limited areas of endemicity in the Congo. In breaking down the sturdy partition which separated the different tribes, in opening the paths of communication, in promoting commerce and changing people about, the work of colonization let loose a formidable epidemic. Hitherto unknown, it seems, in the region of Inkisi, the sleeping sickness appeared there towards 1900. It soon caused ravages that the most valiant missionaries believed it would culminate in the ruin of the young mission. The population melted as snow in the sun. It is estimated that from 1900 to 1910 the territory of Medimba, one of the oldest posts of the mission, lost three-quarters of its inhabitants. Certain villages lost up to 95 percent. The school boys and catechumens grouped around the missions resisted a little better, thanks to better nourishment and better hygiene, but there also some hundreds were lost. Our neighbors, the Scheut Fathers, had to abandon the very flourishing mission of Berghe-Sainte-Marie, at the confluence of Kasai and the Congo, for all the children had died. It was greatly feared that Kisantu would meet with the same fate. One day Father Cus voiced what everybody had been thinking: "Kisantu is not a mission; it is a cemetery."

EMACIATION IN THE LAST STAGES OF SLEEPING SICKNESS

What was most grievous to the heart of the priest, far more than the material ruin, was the thought of the general disaffection of the population on account of the belief of the people that it was the missionary who with the other white men had brought the sickness. They would turn from him. They would ask of the fetish men a cure which the white men could not give. Many missionaries asked for authorization to take up the fight themselves against the plague, as it was seen that the colonial medical service which was very inadequate at this period, was not equal to the task. Father Banckaert, then Prefect Apostolic and Superior Regular was very loath to permit such a step which he feared would turn his missionaries from their essential task, the apostolic ministry. However, he ended by conceding to the stress of circumstances. Father Hyacinthe Venderyst was sent to Loeopoldville to study microscopic diagnosis and the treatment of sleeping sickness. Drs. Broden and Rhodain constituted themselves his professors. They understood the aid which missionaries could bring to fight against it. They established regular courses at Leopoldville, then at Brussels (1910) and the government asked the mission superiors to send their young missionaries to take these courses and promised them certificates for them.

At Kisantu, Father Vanderyst began his injections. A providential coincidence occurred that just at that moment the doctors discovered a remedy which they lacked up to that time, namely, atoxyl and emetine. The early cases treated were cured; the more advanced cases were benefitted, at least to a certain extent.

After Father Vanderyst, Father Greggio took charge of the contagious hospital of Kisantu and with his confreres organized the medical surveillance and treatment for the whole region. In 1920 the victory was complete and the success was the beginning of the splendid development of a race much admired by the colonials. At the same time the population having completely revised its sentiments, all embraced christianity.

It is a fact that new cases of sleeping sickness in the region of Kisantu are extremely rare and the mission has remitted its service to the Medical Foundation of Louvain. Surveillance is always necessary. An epidemic broke out two years ago in the region of Gidinga, about 80 km. south of Kisantu, but thanks to energetic measures was checked very quickly.

In the part of the mission which actually forms the Vicariate of Kwango, the European occupation was very much less dense and the mission

posts were swallowed up in the immensity of a territory of 70,000 square kilometers. Towards 1920, the Fathers noted an increased severity of the epidemic which broke heavily over all the district of the Kwango-Kasai. Father Ivan de Pierpoint was foremost in sounding the alarm for the region of Kikwit where he saw the reappearance of the cataclysm which he had known 10 years before at Kisantu. The government decided to act and created a medical mission with a large personnel and dictatorial powers who under the direction of Dr. Schwetz undertook an energetic fight against the plague. All of the sick or suspects were injected. This special mission instituted 10 years ago continues to exist. It has succeeded in its principal task: to conserve the population. However, it has not begun to extinguish the plague completely and entirely.

In order to exercise a more efficacious supervision the territory is divided into sectors which may be confided to a doctor, or a sanitary agent of the state, or to the medical service of a company having concessions here, or to a mission.

Here is a brief resumé of the sanitary condition of the sector confided to the Yasa Mission which I know well having been stationed there for four years. The sector of Yasa is a rectangle 35 km. wide by 100 km. long. It is between the Lukula and the Gobari. Its population consists of 20,000 inhabitants. It covers only one-third of the environs of the Yasa parish. The protestant or mixed villages contain 3,000 inhabitants. They are cared for by a medical agent of the state. The 17,350 inhabitants of the villages having a Catholic catechist have about 5,000 treated subjects, but in the first years they were very broad about admitting suspects into this class. When I had taken over the sector from Father Greggio who had been there for four years, he had 1,400 registered as treated cases. I made the remark that a general revision of the old subjects treated was necessary and that only the lumbar puncture could furnish an objective norm for classification. I have obtained the authorization to practice that. I have some 14,000 of those registered under supervision, 200 under treatment—the rest being considered cured. Thirty grams of trypanarsyl in doses of two grams weekly, is the rule for adults. I hope that the revision of these figures next year will see the suspension of treatment for more than half the cases of sickness.

The average for new cases of infection for the entire region has diminished to 15,000 for some years, but last year a village of 150 inhabitants furnished 30 who had been trypanosed.

The therapeutic means themselves have been greatly improved. Tryparamide or its Belgian successor trypanarsyl permits a favorable prognosis even in the second stage which for many years always had a fatal issue. Germanine or its French equivalent moranyl, permitted for many months the sterilization of the peripheral circulation of the trypanosed and the extinguishing of an epidemic focus taken in time. One can then hope that in three or four years from now the Yasa sector will be nearly cleansed of this plague.

What an opinion can one form of the usefulness of the medical activity of missionaries?

I am not going to make a broad statement. Here is what I think of the case of Yasa: the medical activity of Father Greggio has had the effect of making a pagan population little disposed to being converted, entirely sympathetic to us.

This wave of sympathy is powerfully maintained by the dispensary run by the Sisters of Charity. This is crowded daily by 100 or 200 patients coming from all quarters of the mission.

R. Devise, S.J.,
Revue Missionnaire.

MEDICAL MISSION NOTES

Hospital To Be Established in Kaifeng, China

The first Catholic Hospital to be established in the interior of China will be in Kaifeng, where Dr. Edon Mongioli and his wife, a Marchioness, who is a cousin to the late Holy Father, Pope Benedict XV, have come with their own hospital equipment, including complete surgery supplies valued at $20,000.

Dr. and Mrs. Mongioli have labored as medical missionaries for 12 years. Prior to their arrival in China they worked in Persia.

—N. C. W. C.

FIRST LADY LAUDS NURSES' EFFORTS

Mrs. Franklin D. Roosevelt spoke at the National Biennial Nursing Convention in Washington on April 24th.

"More and more," she said, "we expect nurses to show us how to live physically, so that we may be happier and healthier people." Then she went on to point out what an effect the condition of the body has over the mind.

Mrs. Roosevelt feels that the trend of nursing will be in the field of public health and less that of the private nurse, but she emphasized the fact that though the field of her work might change, the life of the ideal nurse must necessarily be one of complete unselfishness and devotedness to duty.

It is hardly necessary to add that the life of the religious nurse, per se, should epitomize this ideal.

(*Continued from page* 7)

and Jainism into India, fraternal love became the dominant theme and the people from thenceforth were divided into two factions: the warlike and the peaceful. These conditions are seen today in modern Indian politics.

The next issue of "The Medical Missionary" will appear in August.

MEANDERINGS OF A MISSIONARY

(*Continued from page* 6)

what the grown-ups have: corn bread and curry, eggs and milk, if the people have buffaloes or cows. No matter where one goes in India, the mothers pacify the babies with milk as soon as they cry, which means, of course, many times a day. Time and time again I said to the mother: "if you would eat and drink every few minutes, would not your digestion suffer? How much more a little baby's." They seemed to grasp the reasonableness of that, but said: "What can we do, the child wants it." Discipline for children is not in favor. Blind love and lots of it is the order of the day.

Apart from ordinary children's diseases we saw several cases of infantile paralysis, two cretins, and several marasmic specimens. For instance, one young woman came with a skinny baby in her arms. I told her to give the child cow's milk. She said she hadn't any. So I asked her what her husband did. A bystander then gave me the tip that she was a beggar-woman. She did not answer my question, but said that he married another wife a year ago. "What is the name of the child?" I inquired. "I haven't given it any yet." "Call it Yusuf," I said. Then I called "Yusuf, Yusuff," to him several times to draw his attention to me; as a result the little thing twisted his arms in a funny way and managed to hold out both hands in a contorted fashion in an attitude of begging. He repeated this over and over again whenever I called him by name. It was quite evident that this one and a half year old infant had been instructed in the tricks of the trade.

Another striking kind of patient was the "fate" type. One had to see to realize what an effect mind has over matter. I will give an example. The wife of our host told me that she had a sister who was very ill, living on the mountain opposite, which was 7,000 feet high. She mentioned weakness and a few other symptoms and told me to tell her plainly if I thought it was tuberculosis. If it is that, she said, it would be of no use to bring her; if not, we would like to have you see her. As I could not make a diagnosis from the description, I gave the patient the benefit of the doubt and told them to bring her. It meant carrying her down a mountain and up a high hill, at best a day's journey. It was a troublesome business, most of all for the patient, but at least it gave her a chance. When she arrived, she was naturally exhausted but I could find out very quickly that her lungs were all right, but that she was very run down. Despondency from the thought that the hand of "fate" had marked her with death, the monotony of life, and the lack of stimulating encouragement, made her give up the will and the hope to get well. The loving care of her relatives, the rest and good food, the assurance that she could get well and a good tonic, effected a surprising change in a few weeks.

Another patient was brought on a string bed one night when it was pitch dark. "Will she live?" was the question asked. The woman lay there like a log, but looked rather well nourished and did not strike me as so very ill. I told them what I thought, but of course one can never tell. I only gave her a good strong stimulant to tide her over the night and said that I would see her in the morning. I expected to have to go to a nearby house where she was put up, but lo and behold in the middle of dispensary hours, who limped in, propped up by two sympathetic relatives, but my supposedly dying friend of the night before. Her face was still a mile long, but willy nilly she had to admit that she was a little better. Cheering up on the part of her relatives and on our part, a change from the monotony of life, and a little tonic soon made her step a little more briskly and even smile. Fate was overcome.

(*To Be Continued*)

DACCA'S HEALTH WEEK

(*Continued from page* 8)

when at eight the picture was over it was a beautiful moonlight evening. The workers had all had a very busy day and were pretty tired, so we tried to get the people to go as soon as possible. This was not very easy, for many of them it was their only outing for the year. The majority left, some very reluctantly, and the rest went to the Nawab for permission to have family parties in the garden later in the evening. Permission was given and there were several family parties. The graceful palms and many flowers made the garden look like fairyland in the moonlight. It was 10.30 before the great day came to a close by the departure of the remaining guests.

An amusing aftermath occurred a few days later when a Mahommedan woman brought her grandson to me saying: "At last, I've found you in. I came three times and you weren't in. I've brought Dil Mahommed for his prize." Dil was a rather delicate baby of one and one-half years. He was nice and clean and resplendent in his Idd clothing (Idd the great Mahommedan festival had been a few weeks previously), which consisted of a bright colored shirt and trousers, black patent leather slippers, and an imitation velvet cap embroidered in gold. His eyebrows and eyelashes were pencilled and shaded and the upper part of his face was powdered. The grandmother was very sad when I told her that there was no prize for her darling. Had we manufactured one, we would have been besieged with similar requests. After long explanations she became resigned. I gave her some medicine for her rheumatism and something for her daughter's fever and she went away.

HOLY FAMILY HOSPITAL

Rawalpindi, India

A word from Dr. Dengel: "Before I left Rawalpindi, I made a strong resolution and I promised our Sisters to do all in my power to help them to carry the heavy burden of the maintenance of the Holy Family Hospital: there are patients to support, thank God for this privilege; there are debts to be paid; supplies to be constantly renewed; the training school to be maintained and there are many big and small bills to be met.

Donations will be most gratefully received either at the Medical Mission House, Brookland, D. C., or by the Sister Superior, Holy Family Hospital, Rawalpindi, Punjab, India.

HOLY FAMILY HOSPITAL FOR WOMEN AND CHILDREN,
RAWALPINDI, PUNJAB, INDIA

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society is a RELIGIOUS COMMUNITY whose members devote themselves to the care of the sick in mission countries.

Scope of the Work

The work extends to hospitals and dispensaries, medical schools and training schools for nurses, welfare centers, leper asylums, traveling dispensaries, also to visiting the sick in their homes. It affords an abundance of opportunities to combine the spiritual and corporal works of mercy.

Fields of Labor

The Society was founded for the purpose of sending qualified Sisters to India, China, Africa and other mission countries.

Rawalpindi

At present the Society conducts a hospital for women and children in Rawalpindi, in the Mill Hill Prefecture Apostolic of Kashmir and Kafristan, India. Here, the majority of Mohammedan and Hindu women are still secluded and therefore can avail themselves only of medical aid given by women. From its beginning, this hospital has given training courses for Indian nurses in order to meet this need.

Dacca

In the Holy Cross Mission of Dacca, Bengal, members of the Society are entrusted with the nursing in the Mitford Hospital and the training school for Indian nurses. In the same city, they are in charge of two maternity and child welfare centers where they train native dhais for this work. They also make house to house visits for the care of the sick and the instruction of mothers.

The Sisters give classes in hygiene and home nursing in some of the schools of Dacca, also to groups of Indian women.

Requests to undertake work for the sick have been received from many mission bishops, thus showing the great need of vocations.

Requirements for Admission

The requirements for admission are:

1. A sincere desire to give oneself to God in the mission field.
2. Good health.

The age limit is thirty years.

The Society undertakes in suitable cases to provide the necessary education for all those who have not completed their studies for the medical or nursing profession. The scope of the work also calls for a large number who do not wish to do medical work directly. These do the non-medical work connected with every institution at home and in the missions.

For further information, apply to:

SISTER SUPERIOR,
Medical Mission House, Box 4405,
Brookland,
Washington, D. C., U. S. A.